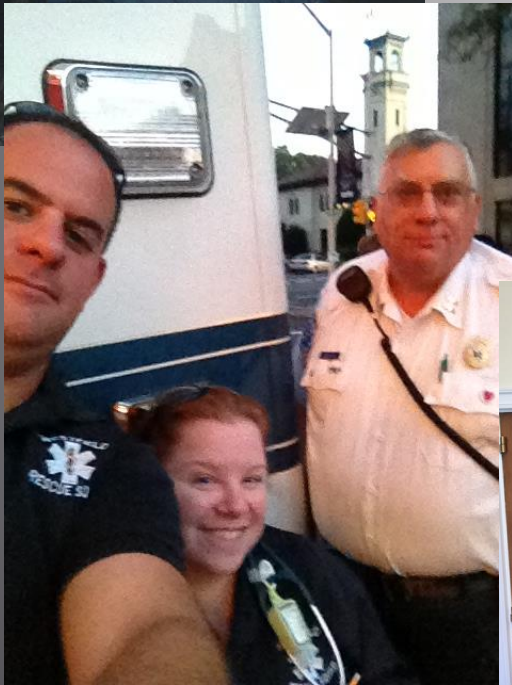


IN THE DRINK: UNDERSTANDING ALCOHOLISM FOR EMS

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Developed for Pulse Check 2016

Who Am I?



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EMSWORLD
EXPO

- ▣ Understand alcoholism, co-morbid diseases, and treatment options
- ▣ Possible emergent presentations
- ▣ Discuss societal and EMS perceptions of alcohol related illness

This session will discuss:

What is Alcoholism?



Alcohol Use Disorder

- ▣ *Mayo Clinic*: Pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when you rapidly decrease or stop drinking.

Binge Drinking

- ▣ *National Institute on Alcohol Abuse and Alcoholism*: A pattern of drinking that brings blood alcohol concentration levels to 0.08 g/dL. Typically occurs after 4 drinks for women and 5 drinks for men.
- ▣ *The Substance Abuse and Mental Health Services Administration*: drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days.

**12 fl oz of
regular beer**

=

**8–9 fl oz of
malt liquor
(shown in a
12 oz glass)**

=

**5 fl oz of
table wine**

=

**1.5 fl oz shot of
80-proof spirits
(whiskey, gin, rum,
vodka, tequila, etc.)**



about 5%
alcohol



about 7%
alcohol



about 12%
alcohol



about 40%
alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

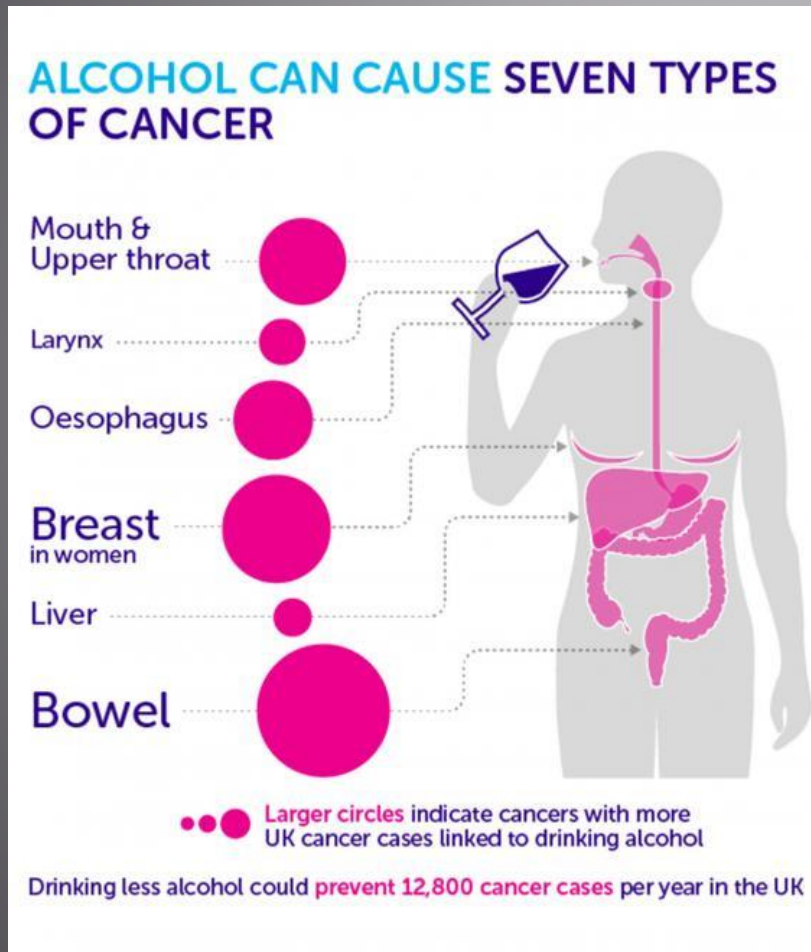
What is a "standard" drink?

The Disease

- ▣ Choice/ Addiction
- ▣ Mental/ Physical
- ▣ Most commonly used addictive substance in USA; 1 in 12 adults
- ▣ More than half of all adults have family history of alcohol or problem drinking
- ▣ 4rd preventable cause of death (88,000 a year)
- ▣ Alcohol impaired driving fatalities – 9,967 (31% of all driving fatalities)



Co-morbid Diseases



- CVA, dementia, neuropathy
- Cardiac: HTN, MI, Afib, cardiomyopathy
- Psychiatric Illnesses
- Unintentional injuries
- Increased risk for CA
- Liver diseases: fatty liver, cirrhosis, hepatitis
- GI problems
- And more...

Emergent Presentations



Alcohol Withdrawal Syndrome

- ▣ Caused by abrupt cessation of alcohol
- ▣ Mild: anxiety, diaphoresis, tachycardia, sleep disturbances
- ▣ Moderate into Severe: fever, confusion, hallucinations, seizures
- ▣ Most severe complication: delirium tremens, can lead to cardiovascular & respiratory collapse, arrhythmias, dehydration, multiorgan dysfunction (2 to 5 days after last drink)



Alcohol Poisoning

- ▣ Binge drinking at high intensity
- ▣ Exceeds body's capacity to process alcohol
- ▣ Signs & Symptoms progressive: Slurred speech, reduced muscle coordination, vomiting, reduced level of consciousness, unresponsiveness
- ▣ 6 deaths per day related to alcohol poisoning
- ▣ Suicide attempt?



Poisoning



- ❑ Not only from binge drinking
- ❑ Drinking other substances for alcohol content
- ❑ Nausea, vomiting, diarrhea
- ❑ Gastrointestinal problems
- ❑ Blindness
- ❑ Organ failure & death

Traumatic Injuries

- ▣ Driving Under the Influence/ MVC (40%)
- ▣ Pedestrian Struck (40%)
- ▣ Falls
- ▣ Assaults
- ▣ Trauma Center patients (50% male, 40% female)



Psychiatric Illnesses



- ▣ Maybe using alcohol or other substances for self medication (depression, bipolar disorder, PTSD)
- ▣ Increases risk for suicidal ideations and attempts (22% intoxicated at time of suicide)

Long Term Treatment

- ▣ Medications
- ▣ Cognitive Behavioral Therapy (CBT)
- ▣ Support programs
- ▣ May require inpatient rehab including all the above
- ▣ Not a quick fix
- ▣ Tools without effort doesn't work





Societal Views?

At Higher Risk for:

- ▣ Rape
- ▣ Murder
- ▣ Assault
- ▣ Domestic Abuse (offender)
- ▣ Homelessness
- ▣ Factor in 40% of all violent crimes
- ▣ Present in half of murders and assaults where victim, offender, or both have been drinking



EMS Interaction

- ▣ What's our automatic reaction when we hear "that" address or name?
- ▣ How do we speak with these patients?
- ▣ How does our demeanor change when we learn alcohol was involved in the incident?
- ▣ Do we take these patients seriously when they complain of non-alcohol related complaints?

EMS Related Outreach Baltimore, MD

- Johns Hopkins Bloomberg School of PH, BCFD, Behavioral Health System Baltimore- Linkage to Addiction Recovery through Emergency Response (Ladder) 2014
- Train BCFD EMS on addiction, enable them to better treat patient and refer them for further care
- Recruit 300 individuals for program with counseling and assistance addressing barriers entering addiction treatment – Staff follows up 30 days later



EMS Related Outreach

San Francisco, CA

- ▣ San Francisco Sobering Center est. 2002
- ▣ Nurse managed program for those actively intoxicated on alcohol
- ▣ Pre-hospital diversion, accepting adult clients from EMS and PD
- ▣ Link to detox and rehab services
- ▣ Provide other services for homeless population
- ▣ 2013- 11,000 encounters



Human Beings

PHOTO COURTESY OF BOHOCOMMUNITY.ORG



- ▣ Touches every socioeconomic group
- ▣ “There but for the grace of God, go I.”
- ▣ Difficult interpersonal relationships

Patient vs Attacker

- ▣ Crossing the line
- ▣ Medical or Intoxicants
- ▣ Social experience
- ▣ Legal Ramifications
- ▣ SOP/ SOG
- ▣ Training (EV4EMS)
- ▣ Notes in CAD/
Dispatch
- ▣ All scenes are ever
evolving



Summary

Your job is not to judge.
Your job is not to figure
out if someone deserves
something. Your job is
to lift the fallen,
to restore the broken,
and to heal the hurting.

Questions?



Thank You!

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